Revision:

HCFA-PM-91- 4 AUGUST 1991 (BPD)

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OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

	Territory: _			Puerto Rico					
GRO	OUPS	COVERED	AND	AGENCIES	RESPONSIBLE	FOR	ELIGIBILITY	DETERMINATION	
Agency*	C	itation(	s)		Gr	oups	Covered		_

The following groups are covered under this plan.

### A. Mandatory Coverage - Categorically Needy

42 CFR 436.110

DSS

 All recipients of OAA, AB, APTD, AABD, and AFDC: this includes all individuals who are essential persons under the State plan and who could be recipients if the State plan were as broad as permitted for Federal financial participation. Also included are groups checked below which are covered under the approved State plan for financial assistance.

\_\_\_ AFDC pregnant women with no other eligible children.

AFDC children age 18 who are full-time students in a secondary school or in the equivalent level of vocational or technical training.

The standards for OAA, AB, APTD, AABD and AFDC payments are listed in <u>Supplement 1 of ATTACHMENT 2.6-A</u>.

The definitions of blindness in terms of ophthalmic measurement and of permanent and total disability used in this plan are specified in <u>Supplement 2 to ATTACHMENT 2.2-A.</u>

TN No. 92-2 Supersedes TN No. 88-1

Approval Date MAY 1 198

Effective Date AN 1 - 1992

Revision: HCFA-PM-91-4

AUGUST 1991

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Territory: Puerto Rico

Agency\* Citation(s)

Groups Covered

## A. Mandatory Coverage - Categorically Needy (Continued)

42 CFR 436.111 1902(a)(17)(D) of the Act 2. a. Individuals denied AFDC because of policies requiring the deeming of income and resources from certain persons not included as financially responsible relatives under section 1902(a)(17)(D) of the Act:

DSS

- (1) Stepparents who are not legally liable for support of stepchildren under a State law of general applicability;
- (2) Grandparents;
- (3) Legal guardians;
- (4) Individual alien sponsors (who are not spouses of the individual or the individual's parent); and
- (5) Siblings.
- b. Individuals denied AFDC because of the involuntary inclusion of all eligible siblings in the home as members of the AFDC filing unit.

TN No. 92-2Supersedes 7-1

Approval Date

MAY 1 1992

Effective Date JAN 1 - 1992

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	Territory	:Puerto Rico			
Agency*	Citation(s)	Groups Covered			
	Α.	Mandatory Coverage - Catego	rically Needy (Continued)		
	R 436.112	AABD, or AFDC, except for benefits under P.L. 92-3 entitled to OASDI in Augu	36 (July 1, 1972), who were ust 1972, and who were		
DSS		for cash assistance	ho would have been eligible e but had not applied in group was included in this		
		for cash assistance medical institution	ho would have been eligible e in August 1972 if not in a n or intermediate care up was included in this 2 plan).		
		Not applicable with care facilities; the cover this service	h respect to intermediate he State did or does not		
42 CF	R 436.114	4. Deemed Recipients of AFD	c		
DSS		a. Individuals denied a solely because the amo	title IV-A cash payment ount would be less than \$10.		
		under title IV-A and a individual (or other :			

TN No. 92-2 Supersedes TN No. 87-1

Approval Date

MAY I 1992

Effective Date JAN 1 - 1992

Revision: HCFA-PM-91-4

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Territory: Puerto Rico

Agency\*

Citation(s)

Groups Covered

## A. Mandatory Coverage - Categorically Needy (Continued)

402(a)(22)(A) DSS of the Act

c. Individuals whose AFDC payments are reduced to zero by reason of recovery of overpayment of AFDC funds.

406(h) and 1902(a)(10)(A) (i)(I) of the Act

d. An assistance unit deemed to be receiving AFDC for a period of four calendar months because the family becomes ineligible for AFDC as a result of collection or increased collection of support and meets the requirements of section 406(h) of the Act.

1902(a) of the Act

e. Individuals deemed to be receiving AFDC who meet the requirements of section 473(b)(1) or (2) for whom an adoption assistance agreement is in effect or foster care maintenance payments are being made under title IV-E of the Act.

DSS 407(b), 1902(a)  $(1\theta)(A)(i)$  and 1905(m)(1) of the Act

f. Effective October 1, 1990, qualified family members who would be eligible to receive AFDC under section 407 of the Act because the principal wage earner is unemployed.

42 CFR 436.116 5. Families terminated from AFDC solely because of increased earnings or hours of employment, provided the family received AFDC in at least three months during the six-month period immediately preceding the month in which ineligibility began and provided that one member of the family is employed throughout the period specified in the next sentence. Medicaid is provided for four calendar months beginning with the month AFDC is terminated or, if AFDC is terminated retroactively, with the first month in which AFDC was erroneously paid.

TN No. Supersedes TN No.

Approval Date MAY 1

1992

Effective Date JAN 1 - 1992

Revision: HCFA-PM-(MB)

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# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

	Territory:	Puerto Rico	<del></del>
	COVERAC	GE AND CONDITIONS	OF ELIGIBILITY
Citation (s)		A Mo	Groups Covered Indatory Coverage - Categorrically Needy
			Other Required Special Groups (continued)
1902(a)(10)(A) (I)(IV)and 1902(1)(1)(A) and (B) of the Act	· ·	8. Not applicable	Pregnant women and infants under 1 year of age with family incomes up to 133 percent of the Federal poverty level who are described in section 1902 (a)(10)(A)(I)(IV) and 1902 (1) (1)(A) and (B) of the Act. The income levvel for this group is specified in Supplement to ATTACHMENT 2.6-A.
	'		- The State uses a percentage greater than 133 but not more than 185 percent of the Federal poverty level, as established in its State plan, State legislation, or State appropriations as of December 19, 1989.
		9.	Children:
1902(a)(10)(A) (I)(VI) 1902 (I)(I)(C) of the Act		a.	who have attained 1 year of age but have and not attained 6 years of age, with family incomes at or below 133 percent of the Federal poverty levels.
	No	ot applicable	
1902 (a)(10)(A)(1) (VII) and 1902(1) (1)(D) of the Act	· •	<b>b.</b>	born after September 30, 1983 who have attained 6 years of age but have not attained 19 years of age, with family incomes at or below 100 percent of the Federal poverty levels.
		~	- Children born after (specify optional earlier date) who have attained 6 years of age but have not attained 19 years of age, with family incomes at or below 100 percent of the Federal poverty levels.
Ourseland (AAA)		me levels for these groups a	re specified in
Supplement 1 to A	ATTACHMENT 2.6/	<u> </u>	Phis a
TN# <u>98-001</u>			Approval Date OUN
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

(MB)

NAME OF THE PARTY OF THE PARTY

Terri	itory: PUERTO RICO		U
	COVERAGE AND CONDITIONS OF ELIGIBILITY		
Citation(s)	Groups Covered	•	

Mandatory Coverage - Categorically Needy (Continued)

1902(a)(10) (A)(i)(III)and 1905(n) of the Act

1902(a)(10)

Act

(A)(i)(III) and 1905(n) of the

- Qualified pregnant women and children.
  - A pregnant woman whose pregnancy has been medically verified who--
    - Would be eligible for an AFDC cash payment (or who would be eligible if the State had an AFDC unemployed parents program) if the child had been born and was living with her;
    - (2) Is a member of a family that would be eligible for aid to families with dependent children of unemployed parents if the State had an AFDC-unemployed parents program; or
    - (3) Would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.
  - b. Children born after September 30, 1983 who are under age 19 and who would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.

Children who are born after

(Specify optional earlier date) who are under age 19 and who would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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Territory:	PUERTO	RICO	 	

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)

Groups Covered

1902(e)(5) of the Act 7. A woman who, while pregnant, was eligible and applied for, and receives Medicaid under the approved State plan on the day her pregnancy ends. The woman continues to be eligible, as though she were pregnant, for all pregnancy-related and postpartum medical assistance for a 60-day period (beginning on the last day of pregnancy) and for any remaining days in the month in which the 60th day falls.

TN No. 92-4 DET 8 1992 Effective Date JUL 1-1992

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## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Territor	y: PU	PUERTO RICO		
	COVERAGE	AND	CONDITIONS OF ELIGIBILITY	
Citation(s)			Groups Covered	*****
	A.	Man	datory Coverage - Categorically Needy (Continued)	
1902(e)(4) of the Act		8.	A child born to a woman who is eligible for and receiving Medicaid on the date of the child's birth. The child is deemed eligible for one year from birth as long as the mother remains eligible or would have remained eligible if still pregnant and the child remains in the same household as the mother.	
1902(e)(6)		9.	A pregnant woman who would otherwise lose eligibility during the pregnancy or the postpartum period because of an increase in income.	
	в.	Opt	ional Groups Other Than the Medically Needy	
42 CFR 436.210	<u>X</u>	1.	Individuals described below who meet the income and resource requirements of OAA, AB, APTD, AABD, or AFDC, but who do not receive cash assistance.	
			X The State covers all individuals as described above.	No de la constante
			The State covers only the following group or groups of individuals:	
1902(a)(10) (A)(ii) and 1905(a) of the Act			Aged Blind Disabled Caretaker relatives Pregnant women	
42 CFR 436.211	X	2.	Individuals who would be eligible for OAA, AB, APTD, AABD, or AFDC, if they were not in a medical institution.	
			X The State covers all individuals as described above.	

TN No. Approval Date OCT 8 1992 Effective Date JUL 1 - 1992 Supersedes TN No.

MEST :

Revision: HCFA-PM-91-4

AUGUST 1991

(BPD)

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	Territory	: Puerto Rico
Agency*	Citation(s)	Groups Covered
	В.	Optional Groups Other than Medically Needy (Continued)
		3. Individuals who would be eligible for OAA, AB, APTD, AABD, or AFDC if coverage under the State's plan for these programs were as broad as permitted under the Act:
		Individuals meeting a broader definition of permanent and total disability.
		Individuals meeting a broader definition of blindness.
		Others, as specified below:

TN No. 92-2Supersedes 87-1

Approval Date MAY 1 1992

Effective Date JAN 1 - 1992

Revision: HCFA-PM-91-4

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Agency\* Citation(s) Groups Covered

#### B. Optional Groups Other than Medically Needy (Continued)

1902(e)(2) //
of the Act,
P.L. 99-272
(Sec. 9517)
and P.L.
100-203
(Sec. 4113(d))

4. The State deems as eligible those individuals who become otherwise ineligible for Medicaid while enrolled in an HMO qualified under title XIII of the Public Health Service Act or while enrolled in an entity described in sections 1903(m)(2)(B)(iii), (E), or (G) or section 1903(m)(6) of the Act., but who have been enrolled in the HMO or entity for less than the minimum enrollment period listed below. The HMO or entity must have a risk contract as specified in 42 CFR 434.20(a). Coverage under this section is limited to HMO services and family planning services described in section 1905(a)(4)(C) of the Act.

The minimum enrollment period is \_\_\_\_\_ (not to exceed six months).

The State measures the minimum enrollment period from:

The date beginning the period of enrollment in the HMO or other entity, without any intervening disenrollment, regardless of Medicaid eligibility.

The date beginning the period of enrollment in the HMO as a Medicaid patient (including periods when payment is made under this section), without any intervening disenrollment.

1992

TN No. 92-2 Supersedes TN No. 87-1 Approval Date MAY 1

Effective Date AN 1 - 1992